

<div>ORDER FOR SUPPLIES OR SERVICES</div> <div>(Contractor must submit four copies of invoice.)</div>						<div>Form Approved</div> <div>OMB No. 0704-0187</div> <div>Expires Jun 30, 1997</div>		<div>PAGE 1 OF</div> <div>2</div>					
<div>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.</div> <div>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</div> <div>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</div>													
1. CONTRACT/PURCH ORDER NO. SP0700-97-D-3002			2. DELIVERY ORDER NO. 9319		3. DATE OF ORDER (YYMMDD) 2002 AUG 20		4. REQUISITION/PURCH REQUEST NO. YPC02232000489		5. PRIORITY				
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010				7. ADMINISTERED BY (If other than 6) SC0700 DEFENSE SUPPLY CENTER COLUM ATTN DSCC-PLC BOX 16704 (TRANS 614-692-2175) COLUMBUS OH 43216-5010		CODE SP0700		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR GMA COVER CORP 1314 CEDAR ST PORT HURON MI 48060-6119				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15							
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM				15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER (DFAS) ATTN: DFAS CO BVD 3990 E BROAD ST COLUMBUS, OH 43218-6203				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER		16. DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>								This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.			
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		Remarks: Terms and conditions are in accordance with Basic Contract. Vendor's copy was sent EDI. Do not duplicate shipment.											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA BY: POPS Auto Award CONTRACTING/ORDERING OFFICER					25. TOTAL \$ 151.02			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE		30. INITIALS		
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		
									35. BILL OF LADING NO.				
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code
Required Delivery Date LPL
257

P/N 12450214-1 Manufacturer's CAGE - 19207

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC02232000489 NSN 2540-01-413-3143	1	EA	151.02	151.02

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: DEST
ACCEPTANCE POINT: DEST

DELIVERY FOB: ORIGIN BY: 2002 AUG 25

PARCEL POST ADDRESS:

FREIGHT ADDRESS:
W81WRE
SR 125 CS BN CO B MAINT SARSS1
BLDG 7920 APENNINES ROAD C WING
FORT RILEY, KS 66442-5000

M/F: (TCN) W81WRE22280156
RDD: 14-sep-02 PROJ:

FOR GOVERNMENT USE ONLY: 12
END OF AWARD